

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-6315852
FILING DA
APPLICANT

CLAIMS	AS FILED				AFTER 1ST AMENDMENT				AFTER 2ND AMENDMENT			
	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1								61			
2		1							62			
3			1						63			
4				1					64			
5					1				65			
6									66			
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34									94			
35									95			
36									96			
37									97			
38									98			
39									99			
40									100			
41									TOTAL IND.			
42									TOTAL DEP.			
43									TOTAL IND.			
44									TOTAL DEP.			
45									TOTAL IND.			
46									TOTAL DEP.			
47												
48												
49												
50												
TOTAL IND.	1											
TOTAL DEP.		4										
TOTAL CHARGE		5										